

Case Number:	CM14-0165958		
Date Assigned:	10/13/2014	Date of Injury:	06/11/1995
Decision Date:	11/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female who injured her neck, back and shoulder on June 11, 1995. She had undergone a cervical fusion, lumbar laminectomy and an implantation of spinal cord stimulator. Her progress notes on August 21, 2014 indicated claimant had continued neck and back pain. She had been on oral pain medications and received Toradol injections for symptomatic relief. Her pain was 10/10 without medications and 3/10 with medications. Her hip exam at that time was notable for right-sided tenderness with direct palpation. Pain was reproduced with provocative testing mostly with the hip flexion and external rotation. A subsequent authorization request was made for a CT scan of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT scan left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip pain

Decision rationale: The ACOEM guidelines do not specifically comment on a Hip CT scan. According to the ODG guidelines, CT scan of the hip is indicated for sacral fractures, possible osteoid osteoma, subchondral fractures or failure of closed reduction. In this case the claimant did not have the above indications. The injury was remote to the time of examination and request. There were no red flag symptoms. A CT scan of the hip is not medically necessary.